

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90027 042 \*\*\*150.00

<b>DOCUMENT # F97000003250</b> 1. Entity Name <b>WEST VOLUSIA AUTO SUPPLY, INC.</b>			
Principal Place of Business <del>2785</del> <b>2085</b> <del>128</del> <b>128</b> SOUTH WOODLAND BLVD DELAND FL 32720		Mailing Address <del>2085</del> <b>2085</b> <del>128</del> <b>128</b> SOUTH WOODLAND BLVD DELAND FL 32720	
2. Principal Place of Business <del>2085 S. WOODLAND BLVD</del> Suite, Apt. #, etc.		3. Mailing Address <del>SAME</del> Suite, Apt. #, etc.	
City & State <del>DeLand, FL</del> Zip <del>32720</del> Country		City & State <del>DeLand, FL</del> Zip <del>32720</del> Country	
4. FEI Number <b>58-2307038</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <del>LACOUR, JOHN U</del> <del>2085 128 S WOODLAND BLVD</del> <del>DELAND FL 32720</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LACOUR, JOHN U <del>2085 128 S WOODLAND BLVD</del> DELAND FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BARBEE, MIKE 5420 PEACHTREE INDUSTRIAL BLVD NORCROSS GA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KIMBALL, MADELO N <del>128 SOUTH WOODLAND BLVD</del> DELAND FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FOSTER, MIKE 1090 HAINES STREET JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SMITH, SCOTT 2999 CIRCLE 75 PKWY ATLANTA GA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <u>Madelon Kimball, Treasurer</u> <u>2/16/08</u> <u>386734-4778</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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1st MOORE CR2E034 (10/04)